



**Stony Brook Medicine**

## SPECIAL EVENT BUDGET PROPOSAL

(Must be attached to Special Event Proposal Form)

Name of event / promotion: \_\_\_\_\_

Date Scheduled: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone number(s): (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address: \_\_\_\_\_

### INCOME (Please itemize)

Ticket sales \$ \_\_\_\_\_

Concessions \$ \_\_\_\_\_

Sponsorships \$ \_\_\_\_\_

Other income \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total projected income:

\$ \_\_\_\_\_

### EXPENSES (Please itemize)

Rent \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Printing \$ \_\_\_\_\_

Fees \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total projected expenses:

\$ \_\_\_\_\_

Total projected donation to Stony Brook Medicine: \$ \_\_\_\_\_

Please return this completed form along with the Special Events Proposal form to:

Stony Brook Medicine  
University Advancement  
Health Sciences Tower, Level 4, Rm. 172  
Stony Brook, NY 11794-8430  
Office: 631.444.2693  
Fax: 631.444.7672